



North Andover Health Department

Community Development Division

In the Town of North Andover, Massachusetts in conformity with the authority granted to the Board of Health by Chapter III, §§ 31 and 31A of the Laws of the Commonwealth of Massachusetts, relating thereto, and upon such terms and conditions, and to the rules and regulations in regard to the operation of the occupation so licensed as adopted by the Board of Health on September 28, 2000.

**TOWN OF NORTH ANDOVER
APPLICATION FOR APPROVAL TO REMOVE, TRANSPORT SOLID WASTE**

DATE: _____

The undersigned hereby applies for a: **Permit** ☐ **and/or** **Placard** ☐
in accordance with the provisions of the statutes and regulations relating thereto:

APPLICANT (Individual Name): _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE OF COMPANY: _____

FEDERAL ID#: _____

SOCIAL SECURITY# or LICENSE #: _____

DISPOSAL SITE: _____

DETAILED TRUCK ROUTES:

(**Example:** Pick up – from Reading, Route 28 to North Reading to Andover, to Route 495 to one, or both facilities (Wheelabrator and/or Covanta). Please attach your route sheets.

Use additional pages as needed.

PLEASE CIRCLE THE EXEMPT COMMUNITIES WHERE YOU PICK UP TRASH:

Andover

Boxford

Georgetown

Haverhill

Lawrence

North Andover

North Reading

Peabody

Rowley

HOW MANY TRUCK TRIPS PER WEEK THROUGH NORTH ANDOVER TO OR FROM EXEMPT COMMUNITIES?:

HOW MANY TRUCKS PER WEEK WILL BE *TRANSPORTING SOLID WASTE* FROM EACH EXEMPT COMMUNITY?:

HOW MANY PLACARDS REQUESTED? (\$100/card)

TOTAL NUMBER OF TRUCKS:

LICENSE NUMBERS:

Signature of Applicant

Address

These applications are subject to review by the Board of Health. Please do not send a check in advance. You will be notified directly regarding final costs. Checks should be submitted to the BOH at time of pickup.

WHEELABRATOR (North Andover) and/or COVANTA (Haverhill) PERMIT \$350– Flat Fee Annual Permit

EXEMPT PLACARDS - \$100 – Fee for each exempt placard annually

Checks Payable to: Town of North Andover